

03500.014035.



PATENT APPLICATION

IN THE UNITED STATES PATENT AND TRADEMARK OFFICE

SC
#906167
1-1684

In re Application of:

TAKAFUMI MIZUNO

Appln. No.: 09/449,706

Filed: November 24, 1999

For: DOCUMENT TYPE DEFINITION
GENERATING METHOD AND
APPARATUS, AND STORAGE
MEDIUM FOR STORING PROGRAM

Examiner: M. J. Ludwig

Group Art Unit: 2178

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JAN 12 2004

Technology Center 2100

January 5, 2004

Commissioner for Patents
P. O. Box 1450
Alexandria, VA 22313-1450

AMENDMENT

Sir:

In response to the Office Action dated October 4, 2003, please amend the
above-identified application as follows. The changes to the claims are reflected in the listing
beginning at page 2, and the Remarks begin at page 12.

I hereby certify that this correspondence is being deposited with the
United States Postal Service as first-class mail in an envelope addressed
to: Commissioner for Patents, P.O. Box 1450, Alexandria, VA 22313-
1450 on

January 5, 2004

(Date of Deposit)

Fritz Klantschi (Reg. No. 50,333)

(Name of Attorney for Applicant)

Signature

January 5, 2004

Date of Signature

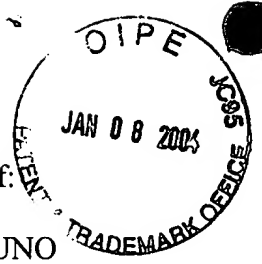
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In re Application of:

Docket No. 03500.014035.

TAKAFUMI MIZUNO

Application No.: 09/449,706

Examiner: M. J. Ludwig

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Sir:

Transmitted herewith is an Amendment in the above-identified application.

☐ No additional fee is required.

The fee has been calculated as shown below

CLAIMS AS AMENDED						
	(2) CLAIMS REMAINING AFTER AMENDMENT		(4) HIGHEST NO. PREVIOUSLY PAID FOR	(5) PRESENT EXTRA	RATE	ADDITIONAL FEE
TOTAL CLAIMS	* 23	MINUS	** 23	= 0	x \$9 \$18	\$0.00
INDEP. CLAIMS	* 7	MINUS	*** 3	= 4	x \$43 \$86	\$344.00
Fee for Multiple Dependent claims \$145°/\$290						
TOTAL ADDITIONAL FEE FOR THIS AMENDMENT---						\$344.00

- * If the entry in Column 2 is less than the entry in Column 4, write "0" in Column 5.
- ** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 20, write "20" in this space.
- *** If the "Highest Number Previously Paid For" IN THIS SPACE is less than 3, write "3" in this space.

- ☐ Verified Statement claiming small entity status is enclosed, if not filed previously.
- ☒ A check in the amount of \$ 344.00 is enclosed.
- ☐ Charge \$ _____ to Deposit Account No. 06-1205. A duplicate copy of this sheet is enclosed.
- ☒ Any prior general authorization to charge an issue fee under 37 C.F.R. 1.18 to Deposit Account No. 06-1205 is hereby revoked. The Commissioner is hereby authorized to charge any additional fees under 37 C.F.R. 1.16 and 1.17 which may be required during the entire pendency of this application, or to credit any overpayment, to Deposit Account No. 06-1205. A duplicate copy of this paper is enclosed.
- ☐ A check in the amount of \$ _____ to cover the fee for a _____ month extension is enclosed.
- ☐ A check in the amount of \$ _____ to cover the Information Disclosure Statement fee is enclosed.
- ☒ Applicant's undersigned attorney may be reached in our New York office by telephone at (212) 218-2100. All correspondence should continue to be directed to our address given below.

Respectfully submitted,



Attorney for Applicant

Registration No. 50,333

FITZPATRICK, CELLA, HARPER & SCINTO
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New York, New York 10112-3800
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